



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
1300 Quince St. SE • PO Box 47864 • Olympia, Washington 98504-7864

Request For Commission Approval Of  
Exception To Faculty Criteria

Date: \_\_\_\_\_

Name of Nursing Program: \_\_\_\_\_

Name of proposed faculty member: \_\_\_\_\_

Projected hire/start date: \_\_\_\_\_

1. Proposed faculty member's:

a. educational preparation: \_\_\_\_\_

\_\_\_\_\_

b. previous teaching experience: \_\_\_\_\_

\_\_\_\_\_

c. highest nursing degree: \_\_\_\_\_

d. current enrollment in a nursing master's program: \_\_\_\_\_

\_\_\_\_\_

2. What is the nature of their assignment (e.g., classroom, lab, clinic)? \_\_\_\_\_

\_\_\_\_\_

Is the assignment as a member of a team or is the assignment independent in nature? \_\_\_\_\_

Does the assignment include faculty committee assignments? ☐ Yes ☐ No If so, which committees? \_\_\_\_\_

3. What is the anticipated length of the assignment? \_\_\_\_\_

4. What specific criteria did you use to evaluate this person's knowledge of the content area and understanding of educational principles and of the educational requirement for faculty (see WAC 246-840-570)? \_\_\_\_\_

\_\_\_\_\_

5. Where did you advertise for master's prepared faculty? \_\_\_\_\_

\_\_\_\_\_

Please enclose a copy of the advertisement(s).

6. What steps are you currently taking to assure that the position will be filled by a master's prepared candidate in the future? Please include your plan for past and future recruitment. \_\_\_\_\_

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7. What other factors do you believe are important for the Commission to know about this petition for exception to WAC 246-840-570? \_\_\_\_\_

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\_\_\_\_\_  
(NAME AND TITLE OF PERSON COMPLETING FORM)

\_\_\_\_\_  
(TELEPHONE NUMBER)

Please attach curriculum vitae of faculty candidate.